

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023581

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 60

Primary Registration District No. 4106

Registrar's No.

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Jerico spg. mo

Length of stay in 1b

65 yr

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Cedar

admission)

c. CITY

OR TOWN

Jerico spg. mo

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

RO-BERTA - COLE

4. DATE OF DEATH

Month

Day

Year

6-25-1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-6-1872

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months

Days

Hours

Min.

2 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

Homemaker

11. BIRTHPLACE (City and state or country)

Mo

12. CITIZEN OF WHAT COUNTRY

usa.

13a. FATHER'S NAME

JOSHUA-BAYS

13b. MOTHER'S MAIDEN NAME

Mrs. Krumm

14. NAME OF HUSBAND OR WIFE

Chas L. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Minnie Leonard

Address

Jerico spg. mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Diabetic Mellitus

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 6 - '63 to 6-25-1963 and last saw her alive on 6-25-1963

Death occurred at

4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

SB Bannister M.D.

22b. ADDRESS

Jerico Spring

22c. DATE SIGNED

6-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

6-28-1963

23c. NAME OF CEMETERY OR CREMATORY

Anna Eden Am

23d. LOCATION (City, town, or county)

2-SC. Jerico spg. mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Dr. R. Long, Jerico spg. mo

25. DATE RECD. BY LOCAL REG.

July 11-1963

26. REGISTRAR'S SIGNATURE

Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS-300
Rev. 4/59

10200

20200

3

4 1

5 1

6

7 0

8 0

9260X

10

11

1290-0

13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John D. Long

Licensed Embalmer No. 3714

P. O. Address

John D. Long

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.